


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90324 022 \*\*\*138.75

<b>DOCUMENT # L07000004580</b>					
<b>1. Entity Name</b> <b>CAMARO PARK LLC</b>					
<b>Principal Place of Business</b> <b>5318 EDGEWATER DR.</b> <b>ORLANDO FL 32810</b>			<b>Mailing Address</b> <b>1121 BURLWOOD CT.</b> <b>LONGWOOD, FL 32750 US</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>5318 EDGEWATER DR.</b>		<b>3. Mailing Address</b> <b>1121 BURLWOOD CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>ORLANDO FL</b>		<b>City &amp; State</b> <b>LONGWOOD FL</b>		<b>4. FEI Number</b> <b>20-8287529</b>	
<b>Zip</b> <b>32810</b>		<b>Country</b> <b>US</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HA, JAERYON</b> <b>1121 BURLWOOD CT.</b> <b>LONGWOOD, FL 32750</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HA, JAERYON 1121 BURLWOOD CT. LONGWOOD, FL 32750		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____			Date <b>4/15/08</b> Daytime Phone <b>(407) 331-1234</b>		